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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number 10/766,634

Filing Date 1/27/2004

First Named Inventor Joshua D. Rabinowitz

Art Unit 1616

Examiner Name

Attorney Docket Number 00033.03CON

P.O. Box 1450 Alexandria, VA 223					
I hereby apply to withdraw as attorney or agent for the above identified patent application.					
The reasons for this requ	est are:				- 01111
This request is being made for the reason that the Assignee no longer retains the Assignee is currently handling their own patent prosecution.			ney of record as	an emplo	
			/	MU	and love
			. / -	4	SPRG,
CORRESPONDENCE ADDRESS					
1. The correspondence address is NOT affected by this withdrawal.					
2. A Change the correspondence address and direct all future correspondence to:					
Customer Number					
Firm or Individual Name IP Department (Alexza MDC)					
Address	1001 East Meadow Circle				
Address					
City	Paio Aito	State	CA	ZIP	94303
Country					
Telephone		Fax			
		ittached p	paper(s), or		
	olicate (including any attachments).				
Name Elaine C	C. Stracker			<u> </u>	*
Signature Wes	Ca Justo	Registra	tion No. 43,1	166	
Date UEC. 1	3 2004				
NOTE: Withdrawal is effective approval of withdrawal and the	when approved rather than when received expiration date of a time period for respo	i. Unless	there are at leasible extension	ast 30 da n period,	lys between the request to

tions for reducing this burden, should be sent to the Child Information Officer, U.S. Petent end Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS Alexandris, VA 22313-1450.